



1402 Lake Tapps Pkwy E. Ste. F106 Auburn WA 98092
Phone: 253-288-8882
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FINANCIAL POLICY

Insurance

Your insurance coverage is a contract between you and your insurance carrier. It is your responsibility to read it, understand it and to know what it covers and what it doesn't. Do not assume your policy automatically covers everything. If your insurance requires a referral from your primary care physician, it is your responsibility to make sure you obtain one and that it is on file with your carrier. As a courtesy to you, we will bill your insurance company. However, if for any reason coverage is not effective or incorrect information was given at time of service and the claim is denied, you will be personally responsible for all charges incurred. We are not contracted with state and/or federally funded programs (e.g. DSHS, Medicare, Medicaid, etc.). As a result, if you are a participant in one of those programs and you wish to be seen here, you will be personally responsible to pay for all services rendered at 100%.

Outside Testing or services

There may be occasions that you are sent outside of our facility to have diagnostic testing or other services accomplished. Even though our office may request these be done, it is your responsibility to either pay for related expenses (or to confirm coverage with your insurance carrier).

Payment Policy

If you are a patient with no insurance or have insurance that we can't verify coverage and benefits on, you may be required to pay the estimated balance in full before being seen. If we do ultimately receive payment from an insurance carrier, you will be issued a refund on a timely basis.

Co-pays

You are required to know the amount of your co-payment and need to come prepared to pay it as well as any balance that is outstanding on your account(s) before being seen. Payments are payable with check, cash, or credit or debit card.

Motor Vehicle Accidents

We will bill your auto insurance (but not third party carriers) as a courtesy. If we are unable to confirm coverage at the time of service, it will be considered a private pay account and thus subject to those provisions.

NSF Checks

There will be a \$37 NSF charge applied to your account plus the amount of the check. We reserve the right to no longer take a check from any person(s) that have written us a bad check, or that we otherwise believe may present credit risk.

Missed Appointments

Your account will be charged a fee of \$50 if you "no show" or cancel an appointment without a 24-hours prior notice. ACCESS PLLC reserves the right to permanently discharge a patient from this practice for abusing scheduled appointments.

Delinquent Accounts

If your account has a balance that is more than 30 days old it is considered delinquent. You will receive a letter from our billing office notifying you that you need to make a payment to clear your account. If payment is not made, your account may be turned over to a professional collections agency, and if it is, you will be responsible for their charges and expenses. ACCESS Healthcare PLLC reserves the right to charge a reinstatement fee for previously delinquent accounts and to permanently discharge a patient for failure to clear account(s) on a timely basis.

Consent to Treat

By signing, I verify all reported information is accurate and I give consent to receive medical treatment.

Release and Assignment

I hereby authorize the provider or insurance company to release any information required to process my medical claim. I also authorized insurance benefits to be paid directly to Access Urgent & Family Healthcare, PLLC.